

DEPARTMENT OF COMMUNITY HEALTH

BUREAU OF EPIDEMIOLOGY

DIVISION OF ENVIRONMENTAL AND OCCUPATIONAL EPIDEMIOLOGY

REPORTING OF NON-SUICIDAL, NON-MEDICINAL CHEMICAL POISONINGS

(By authority conferred on the community public health agency by sections 5111 and 2226[d] of PA 368 of 1978, as amended, section 8 of PA 312 of 1978, and Executive Reorganization Order No. 1996-1, MCL 333.5111, MCL 333.2226[d], MCL 325.78, MCL 333.2233, MCL 333.2221, and MCL 330.3101.)

R 325.71 Definitions.

Rule 1. (1) As used in these rules:

(a) "Chemical" means any substance or mixture of substances composed of chemical elements or obtained by a chemical process.

(b) "Chemical poison" means a substance which, when ingested, inhaled or absorbed, injected into, or developed within the body, causes damage to structure or disturbance of function in the body. "Chemical poison" includes asphyxiant gases.

(c) "Chemical poisoning report form" means the form used to report the required reportable information for individuals with a chemical poisoning.

(d) "Department" means the Michigan department of community health.

(e) "Health facility" means any facility or agency licensed under Article 17 of the public health code, MCL 333.20101 to 333.22260 that provides health care services.

(f) "Local health department" means a public health department established under the provisions of article 24 of the public health code, MCL 333.2401 to 333.2498, to protect the public health and prevent disease within a specific geographic area.

(g) "Non-medicinal" means substances that are not classified as drugs, medicines, or biologicals.

(h) "Nonsuicidal" means not associated with an intention to commit self-harm, including suicide.

(i) "Health professional" means a person licensed under article 15 of the public health code, MCL 333.16101 to 333.18838, in

medicine,
osteopathic medicine, as a physician's assistant, or nurse
practitioner.

(j) "Poisoning" means a morbid condition, including death, produced
by a
poison.

(k) "Protected health information" means any individually identified
health
information, whether oral or recorded in any form or medium that is
created
or received by a health care provider, health plan, public health
authority,
employer, life insurer, school or university, or health care
clearinghouse;
and, relates to the past, present, or future physical or mental
health or
condition of an individual; the provision of health care to an
individual; or
the past, present, or future payment for the provision of health care
to an
individual.

(l) "Public health investigation" means the collection of
medical,
epidemiologic, exposure, and other information to determine the
magnitude and
cause of illness or injury, which is used to determine appropriate
actions to
prevent or mitigate additional illness or injury.

History: 2007 MR 18, Eff. Sept. 18, 2007.

R 325.72 Reportable information.

Rule 2. (1) Reportable information is specifically related to
patients with
known or suspected non-suicidal, non-medicinal chemical poisonings.

(2) The health professional or health facility shall submit its
report on a
form similar to the form provided in Table 1 of this rule or shall
provide
the information in another format that ensures the inclusion of the
same
information listed under subdivisions (a) to (d) of this subrule.

(a) All of the following information, with respect to the
diagnosed

individual, shall be provided:

Last and first name and middle initial.

Sex.

Race, if available.

Ethnic group, if available.

Birth date or age.

Residential address.

(vii) Telephone number.

(viii) If the individual is a minor, the name of a parent or
guardian.

(ix) If the individual is an adult, the name and address of his

or her

employer, if available.

(b) The following diagnostic information shall be provided:

(i) The date of diagnosis.

(ii) The diagnosis, including diagnostic code, if available.

(iii) Brief narrative of the poisoning event, including date, location, and type of chemical poison involved, and any other information considered by the health professional/health facility to be related to health of the public.

(iv) Brief narrative of the patient signs and symptoms, clinical findings, results of diagnostic tests, and clinical outcome.

(c) Name, address, telephone, facility license number, and other contact information shall be provided for the reporting health professional. If the reporting entity is a health facility, this section shall be used to provide contact information for the diagnosing/treating physician.

(d) Name, address, telephone and other contact information for the health facility shall be provided if the reporting entity is the facility.

History: 2007 MR 18, Eff. Sept. 18, 2007.

R 325.73 Reporting responsibilities.

Rule 3. (1) When requested by the department or local health department, health professionals and health facilities shall provide reports. The department or local health department shall notify health professionals and health facilities when reports of 1 or more types of chemical poisonings shall be submitted. Both of the following apply:

(i) Reports shall be made within 5 working days following request by the department or local health department.

(ii) Reports shall be provided to the agency (department and/or local health department) that makes the request.

(2) Reports may be provided by health professionals and health facilities, without departmental or local health department request, when the reporting entity believes that public health investigation is needed to protect the public.

(3) Nothing in this rule shall be construed to relieve a health professional or health facility from reporting to any other entity as required by state, federal, or local statutes or regulations or in

accordance
with accepted standard of practice, except that reporting in compliance
with
this rule satisfies the reporting requirements of 1978 PA 368, MCL
333.1101.

History: 2007 MR 18, Eff. Sept. 18, 2007.

R 325.74 Investigation and quality assurance.

Rule 4 . (1) The department or local health department, upon
receiving a
report under R 325.3, may investigate to determine the accuracy
of the
report, a patient's source of exposure, and adverse health effects
resulting
from the exposure.

(2) The department and local public health departments shall
collaborate
in the development of procedures for processing poisoning
reports and
conducting follow-up investigations to ensure efficient, non-
duplicative, and
effective public health response.

(3) Requests for individual medical and epidemiologic
information to
validate the completeness and accuracy of reporting are
specifically
authorized.

(4) Copies of protected health information from reported poisoning
cases
shall be kept in locked file cabinets when not in use. Information
stored
electronically shall be maintained on a secure server accessible
only by
department or local health department program staff through
password
protected user accounts.

(5) Reports may be released to other state, local, or federal
agencies for
those agencies to administer and enforce provisions of laws or
rules to
protect individuals from exposure to chemical poisons. Protected
health
information may be released to other governmental agencies and bona
fide
agents of the state that comply with the confidentiality requirements
of R
325.75.

(6) Confidential information obtained during the public
health
investigation may be exchanged between the department and the local
health
department with jurisdiction where the chemical poisoning occurred.

(7) Nothing in this rule shall be construed to relieve or preempt any
other

entities from investigating hazards associated with chemical poisons under state, federal, or local statutes or regulations.

History: 2007 MR 18, Eff. Sept. 18, 2007.

R 325.75 Confidentiality of reports.

Rule5. (1) Reports submitted to the department or local health department under R 325.73 are not public records and are exempt from disclosure pursuant to the freedom of information act , section 13 of 1976 PA 442, MCL 15.231.

(2) The department and local health departments shall maintain the confidentiality of all reports and shall not release reports, including protected health information or any information that may be used to directly link the information to a particular individual, except as allowed in R 325.75(4), unless the department or local health department has received written consent from the individual, or from the individual's parent or legal guardian, requesting the release of information.

(3) Medical and epidemiological information that is released to a legislative body shall not contain information that identifies a specific individual. Aggregate epidemiological information concerning the public health, which is released to the public for informational purposes only, shall not contain information that allows individuals to be identified.

History: 2007 MR 18, Eff. Sept. 18, 2007.